



THE INTERNATIONAL ASSOCIATION OF COUNSELORS AND THERAPISTS

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Choose Membership Level

- Associate Membership** (\$128 USD) *(Associate Members do not qualify for malpractice insurance)*
- Professional Membership** (\$128 USD) _____ *(specify area of education)*
- Certified Membership** (\$128 USD) **CH** **CHt** **IACT Approved Instructor*** (\$103 USD) **Other**** (\$228 USD)

(complete list of approved instructors available at www.iact.org)

**(Discounted price ONLY available within 6 months of certification completion)*

****You may be eligible for certification if you have completed training through a non-approved Instructor. There is a one-time non-refundable \$50 administrative fee to research and review your educational qualifications, and a \$50 administrative fee to process your Certification Assessment. If your application is denied for any reason, the \$50 Certification Assessment fee is refundable.**

- Upgrade your Standard 'Find a Practitioner' website directory listing to **FEATURED** for only \$25/yr (USD)

DOCUMENTATION TO VALIDATE EDUCATIONAL TRAINING & LEGAL PHOTO ID **REQUIRED**

Association eligibility for Certification **requires** you to email, fax, or post mail a copy of a government issued legal photo ID, **and** documentation to validate a **minimum** of 220 hours of hypnosis training (110 hrs classroom/online interactive instruction). Upon validation of your training, all applicants are required to complete an online Certification Assessment.

PLEASE PRINT CLEARLY! WE ARE NOT RESPONSIBLE FOR MISPELLING ON CERTIFICATES IF NOT LEGIBLE

Name *(as should appear on certificate)* : _____

Last Name *(Fam/Sur)* : _____ **First Name** *(Given)* : _____ **Middle** : _____

Address : _____ **City** : _____

State/Province : _____ **Postal Code** : _____ **Country** : _____

Home Phone : _____ **Bus Phone** : _____ **Website** : _____

Email : _____ I'm also a member of IMDHA *(check if applicable)*

Username *(not email)* : _____ **Password** : _____

(Username and password must include at least 6 characters each. Retain for your records: they are encrypted for security purposes and are NOT retrievable)

Payment Information

Enter payment details below OR securely pay online here →



Check /MO # : _____ **Credit Card Number** : _____ **Exp** : ___/___ **CVV#** : _____

(Check must be drawn from US bank) (Visa, MasterCard, Discover, American Express accepted)

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted, IACT may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. I hereby release and agree to hold harmless from liability the International Association of Counselors and Therapists Inc., the officers, employees and volunteers thereof, and/or any other person or organization that may provide such information.

Signature : _____ **Date** : _____